## **2017 ANNUAL REPORT**

COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION



09



CORPORATION NAME     Consumer Action for a Strong Economy, Inc.	DUE DATE:
•	SCC ID NO.: 0809712-3
2. VÀ REGISTERED AGENT NAME AND ADDRESS: ATTORNEY.	5. STOCK INFORMATION:
CHRISTOPHER T CRAIG 3050 CHAIN BRIDGE ROAD SUITE 200 FAIRFAX VA 22030	CLASS AUTHORIZED
3. CITY OR COUNTY OF VA REGISTERED OFFICE: 129 - FAIRFAX COUNTY	3
4. STATE OR COUNTRY OF INCORPORATION:  VA - VIRGINIA	
DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.  6. PRINCIPAL OFFICE ADDRESS:	
☐ Mark this box if address shown below is correct	If address is blank or incorrect, add or correct below.
ADDRESS:	ADDRESS: 2001 S. CLARIC ST.
CITY/ST/ZIP:	CITY/STIZIP: ACCOUNTING VA 2020)
7. DIRECTORS AND PRINCIPAL OFFICERS:  All directors and principal officers must be listed.  An individual may be designated as both a director and an officer.	
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below: □Correction.□Addition □ Replacement
OFFICER DIRECTOR NAME:	OFFICER DIRECTORS
ηπιε:	TITLE: PRESIDENT/DIVECTOR
ADDRESS:	ADDRESS: 2001 SEAPLE ST
CITY/ST/ZIP:	CITY/ST/ZIP: ARCIGAM, MA 80203
I affirm that the information contained in this report is accurate and complete as of the date below.    Maintenant   Main	

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

**CIS0505** 

## 2017 ANNUAL REPORT CONTINUED

**CORPORATE NAME:** 

Consumer Action for a Strong Economy, Inc.

DUE DATE:

SCC ID NO.: 0809712-3

## 7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.

An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below:
OFFICER DIRECTOR NAME:	NAME: GRARD SCIMECTOR
TITLE:	TITLE: SECRETARY DISCOUR
ADDRESS:	ADDRESS: 136 Chinool ST-
CITY/ST/ZIP:	CITYISTIZIP: Virginia BEACLIVA 25462
Mark appropriate box unless area below is blank:  Unformation is correct Information is incorrect Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below:   Correction   Addition   Replacement
OFFICER   DIRECTOR   NAME:	OFFICER DIRECTOR NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
Mark appropriate box unless area below is blank:	If information at lower left is incorrect or blank, please mark appropriate box and enter information below:
OFFICER [] DIRECTOR []	OFFICER DIRECTOR NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP:
Mark appropriate box unless area below is blank: ☐ Information is correct ☐ Information is incorrect ☐ Delete Information	If information at lower left is incorrect or blank, please mark appropriate box and enter information below:
OFFICER   DIRECTOR	OFFICER DIRECTOR NAME:
TITLE:	TITLE:
ADDRESS:	ADDRESS:
CITY/ST/ZIP:	CITY/ST/ZIP: